### Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 Phone : (302)645-1280 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sfarah9797@gmail.com

#### FOREIGN PROFIT/NONPROFIT CORPORATION ECHOLOG Inc.

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ic in this entrance	mate manie morp	ited for the purpose of transacting b	
Delaware		3	(FEI number, if applicable)	
State or country	under the law of which it is incorp	porated)	{FEI number, if applie	cable)
04/26/2018		5		
(Date o	fincorporation)		(Date of duration, if other tha	in perpetual)
07/06/2018				
	(SEE SECTIONS 607.15	ioi & 607.1502.	orida, if prior to registration) F.S., to determine penalty liability	)
054 Quantum Lal	kes Drive, Boyton Beach, FL 334	26		
		(Principal o	office address)	<b>.</b>
				<u> </u>
	(C	Jurrent mailing a	address, if different)	4 美
				• € <b>*</b>
Name and stree	<u>t address</u> of Florida registered	agent: (P.O.)	Box NOT acceptable)	T
	Said Farah			· E-
Name:	3054 Quantum Lakes Drive		<del></del>	To the
ffice Address:				ت ؛ ن
	Boyton Beach	_	Florida	,
	Boyton Beach Florida 33426 (City) (Zip code)		(Zip code)	
Registered ag	ent's acceptance: and as registered agent and to	accept service	e of process for the above stated	d corporation at the pla
den baan wan			ent as registered agent and agre	ge to act in ints capacit
aving been nan	ned as registered agent and to application, I hereby accept comply with the provisions of	the appointme	Lating to the proper and comple	te performance of my

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: \_\_ Vice Chairman: \_\_\_\_\_ Address: \_\_\_ Director: \_\_\_ Address: \_\_\_\_ Director: \_\_\_\_ Address: B. OFFICERS Said Farah President: 3054 Quantum Lakes Drive Address: \_\_\_\_ Boyton Beach, FL 33426 Vice President: Address: Secretary: Address: \_\_ Treasurer: \_\_ Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Said Farah, President

(Typed or printed name and capacity of person signing application)

# Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ECHOLOG INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECHOLOG INC."
WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203036212

Date: 07-10-18